

**Initial Complaint Form**  
Office of Behavioral Health Licensing

☐ **Immediate Jeopardy** (Deliver immediately to Team Lead)      ☐ **Health and Safety Concern**      ☐ **Other**

Date: \_\_\_\_\_ Intake Person: \_\_\_\_\_

Complainant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Does Complainant want to remain anonymous? Yes    No    (If yes, inform Complainant that results will not be mailed.)

Did Complainant file a grievance with the provider? Yes    No

Who has been notified?                      CPS \_\_\_\_\_                      APS \_\_\_\_\_                      Guardian \_\_\_\_\_

Law Enforcement \_\_\_\_\_    Emergency Services \_\_\_\_\_    ADHS \_\_\_\_\_    RBHA \_\_\_\_\_

If client is SMI, Office of Human Rights notified? \_\_\_\_\_

Other \_\_\_\_\_

Name of Client(s) involved: \_\_\_\_\_

Complainant's relationship to client(s) or involvement in situation: \_\_\_\_\_

Name of Facility involved: \_\_\_\_\_                      BH #: \_\_\_\_\_

Address: \_\_\_\_\_                      Phone Number: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name and title of any staff members involved: \_\_\_\_\_

Witnesses, role in situation, and contact information: \_\_\_\_\_

Potential rule violation(s): \_\_\_\_\_

When did alleged violation(s) occur?: \_\_\_\_\_

Where did alleged violation(s) occur?: \_\_\_\_\_

Describe situation (include preceding and post events):

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(Continue on back of sheet)

What does complainant want to happen? \_\_\_\_\_

Referred to Team Leader due to: \_\_\_\_\_